

SENTENCING HEARINGDate: 09/07/18Start: 9:45am End: 10:01am

Judge Leonie M. Brinkema

Reporter: A. Thomson**UNITED STATES of AMERICA**CASE NUMBER: 1:18cr155

Vs.

LOUISE EDWARDSCounsel/Govt.: M.Anzaldi/K. Dwyer Counsel/Deft.: Greg StambaughCourt adopts PSI ☐ without exceptions ☐ with the following exceptions: _____**SENTENCING GUIDELINES:**Upon Motion of ☐ Deft ☐ GovtOffense Level: 35

Court depart from G/L pursuant to:

Criminal History: I☐ USSG 5K1.1Imprisonment Range: 168 to 210 months☐ USSG 5C1.2Supervised Release Range: 1 to 3 years☐ USSG 5K2.12

Restitution: \$ _____

☐ USSG 5H1.4Fine Range: \$ 40,000.00 to \$ 1,000,000.00☐ _____Special Assessment: \$ 100.00 per Count**JUDGMENT of the COURT:**BOP for 120 months, with credit for time servedSupervised Release for 3 Years

Supervised Probation for _____ Years

Restitution: \$ _____ payable to _____

Fine: \$ _____ ☐ Due Immediately ☐ Monthly payments of \$ _____ to begin _____ days from imposition of sentence/releaseSpecial Assessment: \$ 100.00 ☐ Satisfied ☒ Due immediately (**paid in full**)Fine/Costs Waived ☒ Interest Waived ☐**SPECIAL CONDITIONS:**

____ Home Confinement for the first _____ days/months of supervision, at the deft=s expense, w/leave as directed by Court.

☒ Deft. to remain drug & alcohol free, In/Out patient treatment as directed.☒ Deft to pay costs as able☒ Deft to waive privacy

____ Deft. to participate in _____ counseling as directed.

____ Deft to pay costs as able

____ Deft to waive privacy

____ Pay Restitution of \$ _____, ☐ Due Immediately ☐ Monthly payments of \$ _____ to begin _____ days from release from custody.☒ Access to all financial information/records

____ No New Credit/No Purchases over \$ _____ without prior approval.

____ Cooperate fully w/BICE, may not re-enter w/o permission during S/R.

____ Seek and maintain full time employment

____ Full-time education program

____ Drug Testing Waived

☒ Other: advise any employer of this conviction & supervision; cant work where there is access to prescriptions**RECOMMENDATION TO BOP:**☒ Deft. to be designated to a F.C.I. Alderson, WV.☒ Residential Drug Abuse Treatment Program (RDAP)

____ Other: _____.

Defendant: ☐ Remanded ☒ Self Surrender/Bond cont.Forfeiture order filed & entered in open court